

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HCR MANOR CARE PAC

ADDRESS (number and street) ▼

333 NORTH SUMMIT STREET

16TH FLOOR

☐ Check if different than previously reported. (ACC)

TOLEDO

OH

43604

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00260141

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Kevin Jackson

Signature of Treasurer

Mr. Kevin Jackson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2015</div></div>		<div><div></div><div>16391.18</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>16391.18</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>82424.84</div></div>	<div><div></div><div>82424.84</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>98816.02</div></div>	<div><div></div><div>98816.02</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>81424.85</div></div>	<div><div></div><div>81424.85</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>17391.17</div></div>	<div><div></div><div>17391.17</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

65931.28

65931.28

(ii) Unitemized .....

10525.89

10525.89

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

76457.17

76457.17

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

76457.17

76457.17

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

5966.50

5966.50

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

1.17

1.17

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

82424.84

82424.84

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

82424.84

82424.84

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	174.85	174.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	174.85	174.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64000.00	64000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	17250.00	17250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	81424.85	81424.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81424.85	81424.85

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	76457.17	76457.17
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	76457.17	76457.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	174.85	174.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	174.85	174.85

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Martin D Allen**

Mailing Address 7151 Whispering Oak

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

AVP / Dir Internal Aud & Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.41

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39454

Amount of Each Receipt this Period

2115.41

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Jeffrey R Amann**

Mailing Address 5100 Newton Ave. South

City

Minneapolis

State

MN

Zip Code

55419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39455

Amount of Each Receipt this Period

455.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Nancy Ayers**

Mailing Address 5184 N Quail Crest Dr

City

Grand Rapids

State

MI

Zip Code

49546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39461

Amount of Each Receipt this Period

480.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3050.41

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

**A. Nancy Baggett**

Mailing Address 34327 Jared Ct

City State Zip Code  
 Chesterfield MI 48047

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : SA11AI.39463

Amount of Each Receipt this Period

216.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Ms. Jocelyn D. Barnes**

Mailing Address 6616 Cedar Grove Drive

City State Zip Code  
 North Richland Hills TX 76180

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : SA11AI.39464

Amount of Each Receipt this Period

600.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Lynne M Bauerschmidt**

Mailing Address 7060 Middlebury

City State Zip Code  
 Lambertville MI 48144

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Internal Training Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 30 2015

Transaction ID : SA11AI.39467

Amount of Each Receipt this Period

360.00

Payroll Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1176.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms Julie Beckert**

Mailing Address 3911 Buell

City State Zip Code  
 Toledo OH 43613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY  
 06 / 30 / 2015

Transaction ID : SA11AI.39469

Amount of Each Receipt this Period

525.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. Richard Black**

Mailing Address 2409 Drummond Rd

City State Zip Code  
 Toledo OH 43616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Corporate Rehab Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 06 / 17 / 2015

Transaction ID : SA11AI.39450

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. David Burke**

Mailing Address 425 Kingwood Rd

City State Zip Code  
 Linthicum Heights MD 21090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.10

Date of Receipt

MM / DD / YYYY  
 06 / 30 / 2015

Transaction ID : SA11AI.39483

Amount of Each Receipt this Period

423.10

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1198.10



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Candace Burks-McCoy**

Mailing Address 601 N. Shore Dr

City

Cisco

State

TX

Zip Code

76437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Senior Manager Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015
**Transaction ID : SA11AI.39484**

Amount of Each Receipt this Period

250.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Ms. Cecilia Credille**

Mailing Address 534 Hevern Drive

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015
**Transaction ID : SA11AI.39402**

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**C. Denise F Curry**

Mailing Address 503 Vilsack Road

City

Allegheny

State

PA

Zip Code

15116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR. Manor Care, Inc

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.68

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015
**Transaction ID : SA11AI.39491**

Amount of Each Receipt this Period

507.68

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

1457.68

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Lynn Dvorak**

Mailing Address 6071 S Overlook

City

Springfield

State

MO

Zip Code

65810-1945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11AI.39428

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Linda J Emmett**

Mailing Address 10408 Meadowlark Ct. East

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39506

Amount of Each Receipt this Period

950.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Lisa Evans**

Mailing Address 24013 22nd Ave West

City

Bothell

State

WA

Zip Code

98021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39507

Amount of Each Receipt this Period

250.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. R Michael Ferguson**

Mailing Address 2450 Underhill Rd

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

VP & Dir of Purchasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1048.05

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39508

Amount of Each Receipt this Period

1048.05

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. George Frill**

Mailing Address 2006 Hale Ct

City

Wyomiseing

State

PA

Zip Code

19610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator - Laureldale

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.80

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39512

Amount of Each Receipt this Period

240.80

Payroll Contribution

Full Name (Last, First, Middle Initial)

**c. Mr. Gary T. Geise**

Mailing Address 28561 Woodland Ave

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director of Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39515

Amount of Each Receipt this Period

600.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1888.85

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Lynda Gluch**

Mailing Address 8740 Paulina Avenue

City

Grosse Ile

State

MI

Zip Code

48138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Director of Dietary Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	6		2	0	1	5		

**Transaction ID : SA11AI.39395**

Amount of Each Receipt this Period

1800.00

Full Name (Last, First, Middle Initial)

**B. Mr. Leonard Grabijas**

Mailing Address 2682 Ravine Side North

City

Howell

State

MI

Zip Code

48843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

VP Sales &amp; Mktng

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

**Transaction ID : SA11AI.39520**

Amount of Each Receipt this Period

346.15

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Mr. John Graham**

Mailing Address 3000 Riva Ridge Rd

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

VP Assisted Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	3		2	0	1	5		

**Transaction ID : SA11AI.39241**

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7146.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Ruth G Graziano**

Mailing Address 503 Elk Mills Road

City  
Oxford

State  
PA

Zip Code  
19363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39521

Amount of Each Receipt this Period

350.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. Karen Harris**

Mailing Address 8250 SW 8th St

City

North Lauderdale

State

FL

Zip Code

33068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39525

Amount of Each Receipt this Period

550.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Mr. Alan Hash**

Mailing Address 9496 South Dunbar Circle

City

South Jordan

State

UT

Zip Code

84095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director - Western Division 5

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39526

Amount of Each Receipt this Period

1440.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2340.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Kevin C Henricks**

Mailing Address 23636 W. Chicago St. Unit 102

City  
Plainfield

State Zip Code  
IL 60544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39529

Amount of Each Receipt this Period

369.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. Deborah Cox Hilgenberg**

Mailing Address 74-062 Scholar Lane W

City  
Palm Desert

State Zip Code  
CA 92211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39530

Amount of Each Receipt this Period

240.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Timothy M Hock**

Mailing Address 8054 Tillicum Grove North

City  
Rockford

State Zip Code  
MI 49341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Regional Director of Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39532

Amount of Each Receipt this Period

461.52

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1070.52

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Jason Hohlefelder**

Mailing Address 8103 Alimoore Green

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	2		2	0	1	5		

**Transaction ID : SA11AI.39392**

Amount of Each Receipt this Period

1200.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Rebecca Hollingsead**

Mailing Address 558 N Hillcrest

City

Decatur

State

IL

Zip Code

62522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Director Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		6	3		2	0	1	5		

**Transaction ID : SA11AI.39538**

Amount of Each Receipt this Period

658.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Sharon E Hollins**

Mailing Address 3311 Gallatin Rd

City

Toledo

State

OH

Zip Code

43606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Assistant General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		6	2		2	0	1	5		

**Transaction ID : SA11AI.39449**

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3858.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 47  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial) <b>A. Sharon E Hollins</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 30 / 2015</div> </div>	
Mailing Address 3311 Gallatin Rd			<b>Transaction ID : SA11AI.39539</b>	
City Toledo	State OH	Zip Code 43606	Amount of Each Receipt this Period <div> <div>923.04</div> </div>	
FEC ID number of contributing federal political committee. C		Payroll Contribution		
Name of Employer HCR ManorCare Inc.		Occupation Assistant General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>2923.04</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. Lynn M Hood</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 30 / 2015</div> </div>	
Mailing Address 15415 Meadow Wood Dr			<b>Transaction ID : SA11AI.39540</b>	
City Wellington	State FL	Zip Code 33414	Amount of Each Receipt this Period <div> <div>900.00</div> </div>	
FEC ID number of contributing federal political committee. C		Payroll Contribution		
Name of Employer HCR ManorCare Inc.		Occupation Asst General Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>900.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. Kathryn Hoops</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 30 / 2015</div> </div>	
Mailing Address 24708 McCutchenville Road			<b>Transaction ID : SA11AI.39541</b>	
City Perrysburg	State OH	Zip Code 43551	Amount of Each Receipt this Period <div> <div>923.16</div> </div>	
FEC ID number of contributing federal political committee. C		Payroll Contribution		
Name of Employer HCR.ManorCare, Inc.		Occupation VP of Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>923.16</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2746.20



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Howard**

Mailing Address 2514 Crow Valley Street

City State Zip Code  
San Antonio TX 78232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

Transaction ID : SA11AI.39420

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Rebecca S Jablon**

Mailing Address 3349 Fairbanks Ave

City State Zip Code  
TOLEDO OH 43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11AI.39546

Amount of Each Receipt this Period

600.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Ms Diane Johnson**

Mailing Address 206 Ruth Road

City State Zip Code  
Fleetwood PA 19522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation  
Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11AI.39553

Amount of Each Receipt this Period

780.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1630.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Nicholas B Johnson**

Mailing Address 3106 Ashburn Lane

City

Pasadena

State

MD

Zip Code

21122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Admission Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39554

Amount of Each Receipt this Period

340.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Robert G Julius**

Mailing Address 3321 Pelham Rd

City

Ottawa Hills

State

OH

Zip Code

43606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Mgr. Business Office Process Dev.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

848.10

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39556

Amount of Each Receipt this Period

848.10

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Elizabeth M Kaczor**

Mailing Address 1689 Rauch Rd

City

Temperance

State

MI

Zip Code

48182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

AVP HR Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39557

Amount of Each Receipt this Period

480.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1668.10

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Matthew Kang**

Mailing Address 3214 Chapel Creek Drive

City State Zip Code  
Perrysburg OH 43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Vice President and CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2015

**Transaction ID : SA11AI.39418**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Linda Karling-Lott**

Mailing Address 4361 Conrwallis Ct

City State Zip Code  
Marietta GA 30068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11AI.39560**

Amount of Each Receipt this Period

216.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Rodney S Keefer**

Mailing Address 15126 Ridgeview Dr

City State Zip Code  
Clive IA 50325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11AI.39561**

Amount of Each Receipt this Period

245.75

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5461.75

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Mark Kruzel**

Mailing Address 26215 Black Oak Ct

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Accounting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

**Transaction ID : SA11AI.39570**

Amount of Each Receipt this Period

240.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Elliot Lekawa**

Mailing Address 13690 Highland Springs Ct

City

Wichita

State

KS

Zip Code

67235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

RDO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

**Transaction ID : SA11AI.39575**

Amount of Each Receipt this Period

304.50

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Mr. Richard Louwaert**

Mailing Address PO Box 152

City

Decatur

State

MI

Zip Code

49045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

**Transaction ID : SA11AI.39578**

Amount of Each Receipt this Period

240.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

784.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Carrie Lund**

Mailing Address 14802 Dunston Place

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Sr. Administrator - Palm Harbor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11AI.39581

Amount of Each Receipt this Period

480.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. Jill Matelan**

Mailing Address 312 N. Franklin St

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc

Occupation

Administrator - Sinking Spring

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11AI.39590

Amount of Each Receipt this Period

356.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Murry Mercier**

Mailing Address 7110 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

VP - Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11AI.39592

Amount of Each Receipt this Period

1140.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1976.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Daniel J Mikus**

Mailing Address 809 Oak Avenue

City

Linwood

State

NJ

Zip Code

08221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.03

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11AI.39594

Amount of Each Receipt this Period

316.03

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Gregory E Milanich**

Mailing Address 8442 Settlers PSGE

City

Brecksville

State

OH

Zip Code

44141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

AVP Pharmacy Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2015

Transaction ID : SA11AI.39387

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Debra Miles**

Mailing Address 7448 Hickory Valley Drive

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

AVP & Director of Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

Transaction ID : SA11AI.39595

Amount of Each Receipt this Period

400.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

966.03

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Scott Miller**

Mailing Address 198 Old Mill Drive

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

**Transaction ID : SA11AI.39597**

Amount of Each Receipt this Period

378.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Doug Mock**

Mailing Address 1083 Abbieshire Ave

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

RDO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : SA11AI.39396**

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**C. Ms Susan Morey**

Mailing Address 308 Shelly Drive

City

Sinking Spring

State

PA

Zip Code

19608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2015

**Transaction ID : SA11AI.39362**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2078.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tom Myers

Mailing Address 24927 Prairie Crossing

City State Zip Code  
 Perrysburg OH 43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 HCR Manor Care, Inc. Director of Ops Support - Central

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : SA11AI.39601

Amount of Each Receipt this Period

275.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

B. Ms Joylin Nation

Mailing Address 15985 Voyageurs Place

City State Zip Code  
 West Palm Beach FL 33414

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 HCR Manor Care, Inc. Senior Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

Transaction ID : SA11AI.39602

Amount of Each Receipt this Period

692.28

Payroll Contribution

Full Name (Last, First, Middle Initial)

C. Linda Neumann

Mailing Address 28 Roslyn Road

City State Zip Code  
 Grosse Pointe Shor MI 48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 HCR ManorCare Inc. Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

Transaction ID : SA11AI.39361

Amount of Each Receipt this Period

3000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3967.28



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 47  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Ms Loretta O'Neill**

Mailing Address 1901 Manor Ridge Drive

City	State	Zip Code
Lancaster	PA	17603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care Inc.

Occupation

RDO - Assisted Living Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.39610

Amount of Each Receipt this Period

440.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Ms Leslie Ohm**

Mailing Address 12331 South 71st Avenue

City	State	Zip Code
Palos Heights	IL	60463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.39609

Amount of Each Receipt this Period

497.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Orinoco**

Mailing Address 1361 Bobby Lane

City	State	Zip Code
Westlake	OH	44145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.39612

Amount of Each Receipt this Period

207.90

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1144.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Paul A. Ormond**

Mailing Address 2420 Underhill Road

City State Zip Code  
Toledo OH 43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Chairman President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : SA11AI.39375**

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. James Pagoaga**

Mailing Address 21 Winding Creek Drive

City State Zip Code  
Sylvania OH 43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Vice President, Rehabilitation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2015

**Transaction ID : SA11AI.39341**

Amount of Each Receipt this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Nadja Papillon**

Mailing Address 5044 NW 90th Terrace

City State Zip Code  
Coral Springs FL 33067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11AI.39614**

Amount of Each Receipt this Period

260.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8260.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Parker**

Mailing Address 2154 Tremont Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

VP Assistant General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39615

Amount of Each Receipt this Period

700.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Richard A Parr II**

Mailing Address 2253 Gray Fox Court

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

VP - General Counsel & Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39616

Amount of Each Receipt this Period

1346.10

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Brian W Perry**

Mailing Address 3 Exmoor

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

AVP-Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39617

Amount of Each Receipt this Period

600.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2646.10

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Mrs. Mary T. Reagan**

Mailing Address 925 Main Street

City	State	Zip Code
Bethlehem	PA	18018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.Occupation  
Administrator - Easton

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : SA11AI.39621

Amount of Each Receipt this Period

260.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Barbara Reigel**

Mailing Address 112 Center Street

City	State	Zip Code
Bridgeport	PA	19405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.Occupation  
Mobile ADNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : SA11AI.39622

Amount of Each Receipt this Period

444.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Patricia B Richards**

Mailing Address P.O. Box 754

City	State	Zip Code
Shady Spring	WV	25918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.Occupation  
Area Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.28

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2015

Transaction ID : SA11AI.39623

Amount of Each Receipt this Period

212.28

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

916.28

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Damian M Rodgers**

Mailing Address 4647 Calico Court

City

Monclova

State

OH

Zip Code

43542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39626

Amount of Each Receipt this Period

360.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. David R Roth**

Mailing Address 5257 Bentwood Drive

City

Mason

State

OH

Zip Code

45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Director Of Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.05

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39627

Amount of Each Receipt this Period

563.05

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Mr. Rick Rump**

Mailing Address 2423 Heather Glen

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Director of Corporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

713.24

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39628

Amount of Each Receipt this Period

713.24

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1636.29

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Mary Jane Ruppert**

Mailing Address 603 North Blackhoof St.

City State Zip Code  
 Wapakoneta OH 45895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Sr Dir 4H Compliance and Edu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.24

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39631

Amount of Each Receipt this Period

592.24

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. Mr. Edward Schuch**

Mailing Address 304 Adriana Court

City State Zip Code  
 Northampton PA 18067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39633

Amount of Each Receipt this Period

308.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **c. Laura M Stengel**

Mailing Address 24228 East Arapahoe Place

City State Zip Code  
 Aurora CO 80016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.68

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39644

Amount of Each Receipt this Period

313.68

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1213.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Colette Storck**

Mailing Address 28490 Wynecako Ave

City

Millsboro

State

DE

Zip Code

19966

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.11

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39645

Amount of Each Receipt this Period

222.11

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. Laurie C StPierre**

Mailing Address 2120 Addison

City

Clermont

State

FL

Zip Code

34711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director Case Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.07

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11AI.39646

Amount of Each Receipt this Period

398.07

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Ms. Victoria Strom**

Mailing Address 2067 Centerville Rd

City

Victoria

State

IL

Zip Code

61485

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

MMD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 06 / 2015

Transaction ID : SA11AI.39407

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

870.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Adam Swartz**

Mailing Address 5715 Isch Rd

City

Wallbridge

State

OH

Zip Code

43465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

DDOS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2015

**Transaction ID : SA11AI.39383**

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Eric Talbert**

Mailing Address 7231 Stonewater Ct

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Div. Director of Operations Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : SA11AI.39649**

Amount of Each Receipt this Period

550.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Rami Ubaydi**

Mailing Address 6519 Chatham Circle

City

Rochester Hills

State

MI

Zip Code

48306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.68

Date of Receipt

06 / 30 / 2015

**Transaction ID : SA11AI.39653**

Amount of Each Receipt this Period

834.68

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1634.68



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Joseph Wilson**

Mailing Address 7720 Sagamore Hills Blvd

City	State	Zip Code
Sagamore Hills	OH	44067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator - Mayfield Heights

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2015

Transaction ID : SA11AI.39419

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. CYNTHIA WINIARSKI**

Mailing Address 3241 Rockcress Ct

City	State	Zip Code
Ann Arbor,	MI	48103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

IS Manager, Data Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2015

Transaction ID : SA11AI.39384

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Benjuiman Young**

Mailing Address 7822 NE 24th Ct.

City	State	Zip Code
Vancouver	WA	98665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11AI.39658

Amount of Each Receipt this Period

299.16

Payroll Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

1049.16

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 47

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Cynthia M Zalewski**

Mailing Address 3845 Drummond Rd

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Senior Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : SA11AI.39662**

Amount of Each Receipt this Period

346.20

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Patricia J Zurick**

Mailing Address 807 Johnston Drive

City

Bethlehem

State

PA

Zip Code

18017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrative Director of Nursing Srv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11AI.39363**

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

596.20

**TOTAL** This Period (last page this line number only)..... ►

65931.28

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 47

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial) <b>A. CANTOR FOR CONGRESS</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 22 / 2015</div> </div>
Mailing Address P. O. Box 17813			<b>Transaction ID : SA16.39448</b>
City Richmond	State VA	Zip Code 23226	Amount of Each Receipt this Period <div> <div>966.50</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div>C00355461</div> </div>		Contribution Refund	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>966.50</div> </div>	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS FOR HARRY REID</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>06 / 12 / 2015</div> </div>
Mailing Address P.O. BOX 19163			<b>Transaction ID : SA16.39440</b>
City LAS VEGAS	State NV	Zip Code 89132	Amount of Each Receipt this Period <div> <div>5000.00</div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> <div>C00204370</div> </div>			
Name of Employer	Occupation		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>5000.00</div> </div>	

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period <div> <div></div> </div>
FEC ID number of contributing federal political committee. <div> <div>C</div> </div>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div></div> </div>	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5966.50

5966.50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
HCR MANOR CARE PAC

Category/  
Type

-15.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

MM / DD / YYYY

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

---

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

The elevation profile shows a road surface with a dip. The vertical axis is labeled with values 0.00, -10.00, and -20.00. The profile line starts at 0.00, dips to -10.00, and then rises back to 0.00. The dip is labeled with the value -10.00.

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	-10.00%

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City  
Los AngelesState  
CAZip Code  
90026

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB23.39371**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. BLUEGRASS COMMITTEE**

Mailing Address 220 1/2 E ST., NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : SB23.39366**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. BOEHNER FOR SPEAKER**

Mailing Address 320 FIRST ST. SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2015

**Transaction ID : SB23.39159**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. BOEHNER FOR SPEAKER**

Mailing Address 320 FIRST ST. SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

**Transaction ID : SB23.39374**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Brady for Congress**

Mailing Address PO Box 708

City  
BloomingtonState  
ILZip Code  
61702Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2015

**Transaction ID : SB23.39160**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Mailing Address 120 MARYLAND AVENUE NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
Contribtuion

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2015

**Transaction ID : SB23.39354**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Pitts**

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 16

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2015

**Transaction ID : SB23.39355**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN THUNE**

Mailing Address PO BOX 841

City	State	Zip Code
SIOUX FALLS	SD	57101

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: SD District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2015

**Transaction ID : SB23.39356**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SCHUMER**

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City	State	Zip Code
NEW YORK	NY	10016

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

**Transaction ID : SB23.39346**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00
---------

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HCR MANOR CARE PAC

### A. FRIENDS OF SCHUMER

Category/  
Type

Age Group	Number of people
13-17	100
18-24	150
25-34	200
35-44	250
45-54	300
55-64	350
65-74	400
75-84	450
85+	500

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. LEGPAC**

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Transaction ID : SB23.39369

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MCCARTHY VICTORY FUND 2014

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
 State: CA District: 23

Disbursement For: 2016

☐ Primary ☒ General

☐ Other (specify) ▼

Transaction ID : SB23.39417

Amount of Each Disbursement this Period

10000.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

11500.00



	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HCR MANOR CARE PAC

### A. MCCASKILL FOR MISSOURI

Date of Disbursement

Three 7-segment displays are shown side-by-side. The first display shows '01', the second shows '29', and the third shows '2015'. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.

Transaction ID : SB23.39250

Category/  
Type

Disbursement For: 2018

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

1000.00

**B. MCMORRIS RODGERS AMERICAN DREAM PROJECT: THE**

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB23.39445

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

### C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Date of Disbursement

Transaction ID : SB23.39447

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

2500.00

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. ORRINPAC**

Mailing Address 175 S. WEST TEMPLE, SUITE 650

City	State	Zip Code
SALT LAKE CITY	UT	84101

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2015

**Transaction ID : SB23.39162**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. PIONEER PAC**

Mailing Address 10 WEST BROADWAY SUITE 500

City	State	Zip Code
SALT LAKE CITY	UT	84101

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

**Transaction ID : SB23.39345**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. RYAN FOR CONGRESS, INC.**

Mailing Address PO BOX 1488

City	State	Zip Code
JANESVILLE	WI	53547

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WI District: 01

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

**Transaction ID : SB23.39342**

Amount of Each Disbursement this Period

10000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. SEARCHLIGHT LEADERSHIP FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Mailing Address 700 13TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type**Transaction ID : SB23.39410**

Amount of Each Disbursement this Period

5000.00
---------

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. TIBERI FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Mailing Address 2931 E DUBLIN GRANVILLE ROAD  
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement

Candidate Name

Category/  
Type**Transaction ID : SB23.39429**

Amount of Each Disbursement this Period

2500.00
---------

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District: 12

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

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Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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64000.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

NAME OF COMMITTEE (In Full)  
HCR MANOR CARE PAC

### A. FRIENDS OF ELENI

Category/  
Type

250.00

State:  District:

### B. Friends of Joseph Scarnati

MM / DD / YYYY

Category/  
Type

2500.00

State:  District:

### C. Friends of Tom Patton

Category/  
Type

State:  District:

3750.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Jay Costa for State Senate**

Mailing Address 314 Newport Road

City	State	Zip Code
Pittsburgh	PA	15221

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

**Transaction ID : SB29.39442**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Matt Smith for Judge**

Mailing Address P.O. Box 1192

City	State	Zip Code
Camp Hill	PA	17001

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

**Transaction ID : SB29.39373**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. MIKE TURZAI LEADERSHIP FUND**

Mailing Address PO BOX 721

City	State	Zip Code
WEXFORD	PA	15090-0721

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2015

**Transaction ID : SB29.39436**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

NAME OF COMMITTEE (In Full)  
HCR MANOR CARE PAC

Category/  
Type

1000.00

State: WV District:

MM / DD / YYYY

Category/  
Type

2500.00

State:  District:

Category/  
Type

State:  District:

3500.00

17250.00